119000179205

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Elliky Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

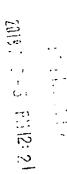
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COVER LETTER

TO: Registration S Division of Co			
CUT JUS	T RIGHT LAWN SCAPES LLO	C	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	oondence concerning this matter	-	
	MICHEAL FLOYD		
		Name of Person	
	CUT JUST RIGHT LAW		
	1156 SW HUTCHINS ST	Firm/Company	
	PORT ST LUCIE FL 3498	Address	
	LINDACMD@AOL.COM	City/State and Zip Code	
	_	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
MICHEAL FLOYD		352 602-0214	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUT JUST RIGHT LAWN SCAPES LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000179205	were filed on JULY 11, 2019	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		
		
		ί. '
inter new mailing address, if applicable:		}
Mailing address MAY BE A POST OFFICE BOX)		.\2:2\
		2
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records, <u>en</u> g:	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer r (orida sireet adaress	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHEAL FLOYD	1156 SW HUTCHINS ST PORT ST LUCIE FL 34983	□ Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
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			D Add
			□ Remove
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			□ Add
			Remove
			Change
<u></u>			
			Remove
			Change

100 SHARES: KIMBER	LY FLOYD 51% SHAREHO	DLDER, MICHEAL F	LOYD 49% SHAREHO	LDER
			 	
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	<u> </u>		.	
				
				
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ti the date hiseried in this b	JULY 31, 2 e date of filing: st be specific and cannot be prior lock does not meet the applic Department of State's records.	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) Pu equirements, this date wil	rsuant to 605,02 I not be listed a
ecord specifies a delaye e 90th day after the rec	d effective date, but no cord is filed.	t an effective tim	e, at 12:01 a.m. on	the earlier
JULY 31	2019			
M 21	Signature of a member or author			
	Supplier of a manhan an and			
	organitate of a member of author	rized representative of	a member	

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Filing Fee: \$25.00